PTO/SB/47 (09-06) Approved for use through 04/30/2009, OMB 0651-0016

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

-		
Address to: Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	- OR -	Fax to: 571-273-6500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address then the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) §403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1363 the address associated with:		
☐ Customer Number:	22971	
OR		
☐ The attached Request for Customer Number (PTO/SB125) form.		
PATENT NUMBER		APPLICATION NUMBER
(if known)		
		10/010,190
Completed by (check one) Applicant/Inventor Attorney or Agent of record Assignee of record of the	(Reg. No.)	Tick The Control of Spiritual Printed
37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		801-533-9800 Reguester's telephone number
Assignee recorded at Reel	Fram	16 November 2009
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit		
multiple forms if more than one signature is required, see below*. _ *Total of forms are submitted.		
culturalize of leferonalize in consisted by 27 CED 4 202. The information in required to obtain or rotate a bounds by the public half is fall (and by the HCDTO		

This collection of information is required by 37 CFR 1.383. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutions to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this butter, should be sent for the Chief Information Officer, U.S. Petert and Techneris Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop M Correspondence, Commissioner for Patenter, P.O. Box 1450, Alexandris, VA 22313-1450.